Wausau School District

Head Lice Guidelines

Definition: Head lice are small, parasitic insects that infest human hair about a ¼ inch from the scalp. They feed on blood and are contagious, but do not spread disease.

A single insect is called a louse. A louse is the size of a sesame seed and is tan to grayish white in color. A female louse can lay more than 100 eggs (nits) in her lifetime. The nits are tiny, tear drop shaped eggs that are attached to the hair shaft with a glue like substance. They can be found around the nape of the neck or ears and may appear yellowish or white. The nits can look very similar to dandruff, but are not easy to remove or brush from the hair shaft. Nymphs or baby lice are smaller and grow into adult size in one to two weeks. They are not able to lay eggs until that time.

*Head lice infestations are not related to cleanliness and can occur in all socioeconomic groups. The infestation is not reportable to the public health department unless there are other communicable disease related concerns.

Symptoms: The first indication of an infestation can be a tickling feeling on the scalp or itching, especially the on the back of the head and around the ears. It may take 2-3 weeks for a person to notice the intense itching associated with head lice. Typically a person has been exposed to lice about 4 weeks before lice/nits are first noticed on the head.

Lice are most often spread by direct head to head contact with an infected person. Lice are less commonly spread by indirect contact with personal items such as; clothing, hats, headphones, combs, and brushes. Nits hatch in approximately 7 days. A viable nit is about a ¼ inch from the scalp. Once hatched the baby lice (nymphs) take 7-14 days to become an adult louse that can lay eggs.

Lice are not able to live off of the scalp and without a blood supply longer than 24 hours.

School Responsibilities

- If designated staff discover head lice on a student at school, the parent/guardian will be notified and directed to administer a lice treatment with a pediculicide/ovicide. The student may remain in the classroom for the rest of that school day but must be treated with an FDA approved pediculicide/ovicide before returning to school. An FDA approved over-the-counter or prescription pediculicide/ovicide should be used according to label directions. (Natural remedies are considered insufficient treatment for live lice and should not be used). If a parent/guardian notifies school that head lice/nits were found at home, student may return to school after treatment with an FDA approved pediculicide/ovicide.

- The student will be checked on his/her first day back to school for evidence of treatment and presence of live lice. If live lice are present, parent will be contacted to pick up student and, if not yet done, treat the student or remove the live lice.
- The student may return to class as soon as the FDA approved treatment has begun and no live lice remain. Nits may persist, but successful treatment should kill live lice.
- Stress daily nit removal to parent/guardian and remind them to check all family members and notify close contacts.
- Parents will be educated on the use of nit combs and how to clean them. Nit combs should be metal (not plastic) and have long, close tines that can't be seen through. Generally the combs packaged with the pediculicide do not adequately remove the nits because the tines are too far apart and nits/lice slip through.
- Most lice shampoos do not kill nits. It is likely that any nits that have not been removed may hatch even after treatment has been properly done. These newly hatched lice (nymphs) are immature and not capable of laying more eggs. Most lice treatment products recommend a second treatment 7-10 days after the initial treatment to kill any nymphs that may have hatched, but day 9 is ideal.
- Designated staff will examine student again on day 7 and day 14 after initial treatment was started. This will occur whether head lice are found at school or reported from home. If live lice are found after the initial FDA approved treatment, the student's parent/guardian will be contacted and advised to do a second lice treatment as well as to continue with daily nit removal. The student may stay in class the remainder of the day. Student may return to class as soon as second treatment is done and live lice are no longer found on the student's head. If live lice are found on day 14 after two rounds of an FDA approved treatment, the parent will be contacted and advised to consult with the student's health care provider for further treatment options.
- If nits are found after any treatments, the child may stay in school but parents are encouraged to remove the nits to prevent them from hatching. Nit removal should be done at home. Additional assistance at school will be at the discretion of the school nurse.
- Designated staff will screen the primary elementary classroom only if live lice are found on two or more students. Siblings in the same school will also be screened. Middle and High school students will be screened per parent request only.
- Students will be screened in a private setting, and hands will be washed with soap and water or disinfectant hand product used between students. Gloves may be worn but are not necessary. If gloves are worn they should be changed between students. Good lighting is essential and an applicator stick may be helpful. Lice information will be discussed during screening. If the student with lice is in the classroom during screening, s/he will be screened as well to avoid singling him/her out. If another case of lice is found during the screening, the screening will continue uninterrupted until the entire class is screened without any student being singled out.

- **Confidentiality of students affected by head lice will be strictly maintained.** Parents/guardians will NOT be informed of other children who have lice as that is a breach of privacy.
- If two or more students are found to have lice in the classroom, a letter and brochure will be sent home to the entire grade level requesting that parents/ guardians regularly check their child.
- Classrooms will only be rescreened if there is a new case and it has been a minimum of one month since the last classroom screening.
- Environmental disinfectant/sprays will not kill nits and should not be used.
- Routine cleaning by custodial staff is all that is needed in the classroom.
- Cases of recurrent lice or noncompliance with an FDA approved treatment will be addressed on a case by case basis by the principal and school nurse.
- Periodically an educational letter and lice brochure will be put in the school newsletter reminding families to screen their students when home for lice or nits.
- Disinfect all lice combs before using again by boiling in water for 5 minutes or soak in 70% isopropyl alcohol for one hour.

Parent/Student Responsibilities:

- Read through information provided about lice. Feel free to ask staff questions about treatment.
- Understand that lice do not transmit disease, and can be found in all socioeconomic groups.
- Treat their student with an FDA approved over the counter or prescription pediculicide/ovicide according to label directions. (Natural remedies are considered insufficient treatment for live lice and should not be used).
- Understand that the student may return to school as soon as FDA approved treatment has started and no live lice remain.
- After initial treatment to kill live lice, efforts should be made to remove nits a ¼ inch from the scalp by using a nit comb or manually. A nit comb should be metal (not plastic) and have long, close tines that can't be seen through.
- Students should not share personal items like combs, hats, hair ties, etc. Hats should be put in the child's jacket sleeve when not in use.
- Call medical practitioner if appropriate treatment has failed a second time
- Disinfect all lice combs before using again by boiling in water for 5 minutes or soak in 70% isopropyl alcohol for one hour.

References: The National Association for School Nurses
The Centers for Disease Control
Harvard School of Public Health
WI Division of Public Health
The American Academy of Pediatrics